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PUBLIC PROTECTION CABINET
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DIVISION OF HVAC
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DUPLICATE COPY REQUEST

I hereby make application for a duplicate copy of my HVAC License number _____.

- *Duplication fee of \$10.00 enclosed. (Make check payable to Kentucky State Treasurer)*

Personal Information

Name: _____ Telephone #: (_____)_____-_____
Last First Middle Initial

Address: _____
(Street, Route, or P O Box Number) (County Name)

City: _____ State: _____ Zip: _____

Company Information

Company Name: _____ Telephone #: (_____)_____-_____-_____

Company Address: _____
(Street, Route, or P O Box Number) (County Name)

City: _____ State: _____ Zip: _____

Send Mail to: Home Address _____ Company Address _____

Applicant Signature: _____ SS#: _____ - _____ - _____
HVAC 15 (07-08)



Equal Opportunity Employer M/F/D